

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
101	1						151	2
102	1						152	2
103	1						153	2
104	1						154	1
105	1						155	1
106		5					156	1
107		5					157	1
108		5					158	1
109		5					159	1
110		5					160	2
111	1						161	2
112	1						162	1
113	1						163	1
114		3					164	1
115		3					165	1
116	1						166	1
117		1					167	1
118		2					168	1
119		2					169	3
120		2					170	3
121		2					171	
122		2					172	
123		2					173	
124	1						174	
125	1						175	
126	1						176	
127	1						177	
128	1						178	
129	1						179	
130		1					180	
131		1					181	
132	1						182	
133		9					183	
134		9					184	
135		9					185	
136		9					186	
137	1						187	
138	1						188	
139	1						189	
140	1						190	
141	1						191	
142	1						192	
143		7					193	
144		7					194	
145	1						195	
146	1						196	
147		2					197	
148		2					198	
149		2					199	
150		2					200	
TOTAL IND.	24						TOTAL IND.	2
TOTAL DEP.	104						TOTAL DEP.	27
TOTAL CLAIMS	128						TOTAL CLAIMS	29

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9	/						59						
10	/						60						
11	/						61						
12	/						62						
13	/						63						
14	/						64						
15	/						65						
16		10					66						
17		10					67						
18		5					68						
19		5					69						
20		10					70						
21		5					71						
22		20					72						
23		10					73						
24		20					74						
25		10					75						
26	/						76						
27	/						77						
28	/						78						
29		3					79						
30		3					80						
31	/						81						
32	/						82						
33	/						83						
34		3					84						
35		3					85						
36		9					86						
37		9					87						
38	/						88						
39	/						89						
40	/						90						
41		3					91						
42		3					92						
43		19					93						
44		19					94						
45	/						95						
46		19					96						
47		20					97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

PTO-1350 (3-78)

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

FILING DATE

09/14/2557

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11							61								
12							62								
13		8					63		5						
14		8					64		9						
15		4					65		0						
16		4					66		0						
17		0					67		0						
18		0					68		0						
19		0					69		0						
20		0					70		0						
21		0					71								
22		0					72								
23							73								
24							74								
25							75								
26		1					76								
27		3					77								
28							78								
29							79								
30							80								
31		3					81								
32		0					82								
33		5					83								
34		0					84								
35							85								
36							86								
37		2					87								
38		0					88								
39		0					89								
40		0					90								
41							91								
42		1					92		7						
43		2					93		14						
44		0					94		0						
45		0					95		0						
46		0					96								
47		0					97								
48							98								
49							99								
50							100								
TOTAL IND.	23						TOTAL IND.	54							
TOTAL DEP.							TOTAL DEP.	106							
TOTAL CLAIMS							TOTAL CLAIMS	160							

PTO-1350 (3-78)

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